

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90295 050 ***150.00

DOCUMENT # **M09268**

1. Corporation Name

A I B FINANCIAL GROUP INC.

Principal Place of Business

**2500 NW 79TH AVE.
MIAMI FL 33122**

Mailing Address

**2500 NW 79TH AVE.
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1984

4. FEI Number

59-2479465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CONE, PERRY I
2500 NW 79TH AVE.
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE M.	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	TORGAS, ED S.	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDA	<input type="checkbox"/> DELETE
NAME	SOTO, JOHN	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, SERGIO	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARLEN	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONE, PERRY I.	
STREET ADDRESS	2500 NW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALVAREZ, JOSE M.	
1.3 STREET ADDRESS	2500 NW. 79th Avenue	
1.4 CITY-ST-ZIP	Miami, FL. 33122	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FERNANDEZ, SERGIO	
4.3 STREET ADDRESS	2500 NW. 79th Avenue	
4.4 CITY-ST-ZIP	Miami, FL. 33122	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SERGIO FERNANDEZ**, Director 4/5/99 (305) 715-0000, Ext. 3379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0178472

0178472